



Ottumwa IA Health Link Public Comment Meeting

Thursday, November 17, 2016

Time: 3 p.m. – 5 p.m.

Bridge View Center

Room C4 & C5

102 Church Street, Ottumwa, IA

Meeting Comments and Questions

| IME/DHS Staff | MCO Representatives | MAAC Representatives |
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| Matt Highland - present | Amerigroup Iowa, Inc. - present | |
| Allie Timmerman - present | AmeriHealth Caritas Iowa, Inc. - present | |
| | UnitedHealthcare Plan of the River Valley, Inc. - present | |

Comments:

Communications, Comments, and Suggestions

State Representative suggested additional advertisement for future meetings to increase attendance of interested parties and expressed concern that many people who would have benefited had missed the meeting. A provider stated that when calling MCO call centers, had received many different answers to a question for that MCO depending on the customer service representative they spoke with. The provider suggested that the MCOs have call center representatives who are located in Iowa and are more familiar with Iowa Medicaid programs.

Services and Coverage

Pediatric nurse stated she worked with children with special healthcare needs and that many of her patients had still not received their MCO ID cards although they had begun coverage under their MCO months prior. Also, many of the services that had been covered under Iowa Medicaid were not being covered which resulted in additional time spent on correcting issues.

A Community Mental Health Clinic (CMHC) Finance Director indicated that her organization was experiencing issues when they provided Integrated Health Home (IHH) services to clients who also saw a physician in the center on the same day as the services were being denied. The Finance Director had been told that the problem would be fixed as it was a system issue although it had still not been fixed. The services were two separate services and operated out of two different offices but the claims were still being denied. The Finance Director stated that many of their patients did not have a lot of money and therefore did not have a lot of money for transportation. Separate services that were similar were not being paid if the services occurred on the same day so members were being asked to go to provider appointments on different days for services so that they would be covered; this was not feasible for all members as they were not able to find or afford transportation for multiple days in a week. The organization had also been providing a service one day and then billing for the service the following day so that members were able to receive multiple services in one day. Another provider expressed that members were changing their MCOs frequently due to lack of service coverage or their provider not being in their MCO's network. Another provider added that when an individual

changed their MCO, the services were not always transferred to the new MCO on the date their new coverage began and this created a gap in coverage due to the member not being found in their assigned MCO's system.

Billing, Claims and Credentialing

A child advocate spent over 40 minutes on the phone with an MCO trying to receive reimbursement for services as had been told that the services were not covered. A provider cited confusion in how to process claims for Licensed Mental Health Counselors (LMHCs) and Licensed Social Workers (LSWs) when Medicare is the member's primary insurance as claims were being denied by Medicare and the MCOs were not paying the crossover claims. A different provider identified the MCO customer service representatives frequently were not aware of the IHH program and when they provided a code for services, the representative did not know what the code was or would state that the service would not be covered.

Questions:

1. When will the issues with IHH be fixed?
2. Why will UnitedHealthcare Iowa, Inc. not pay for speech therapy for a child unless they have had a stroke or traumatic brain injury?
3. Is there a special number that Iowa providers can call at each of the MCOs to find resolution in escalated issues?
4. Who can we contact in the MCO call centers that specialize in and understand Iowa Medicaid programs?
5. Providers are experiencing back-payments from the MCOs due to incorrect claim denials although, the claims are still being denied after the initial denial issue is resolved. What is the issue with this?